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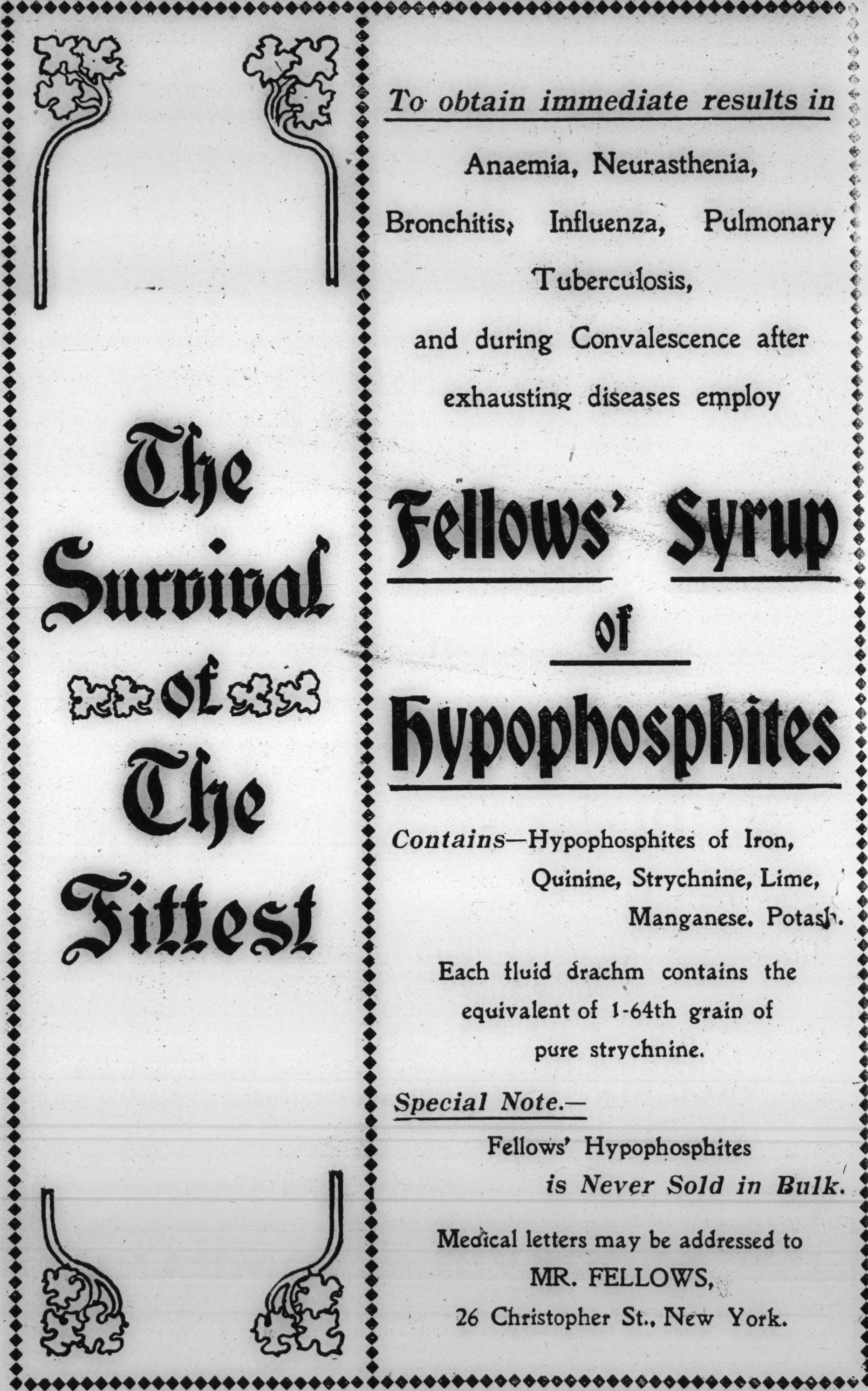
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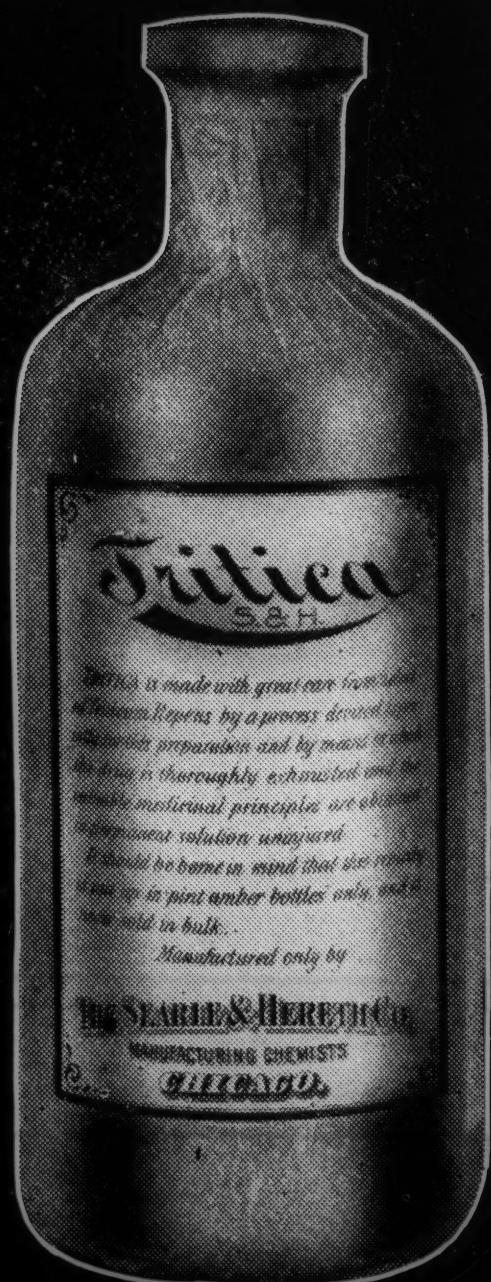
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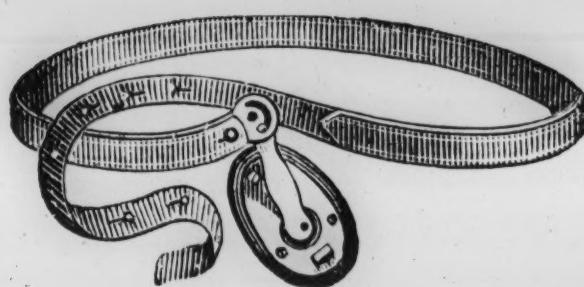


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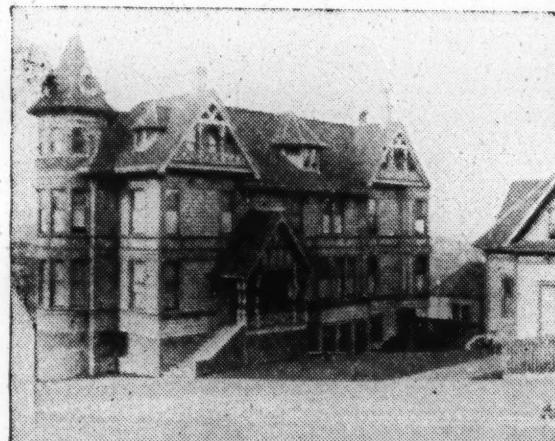
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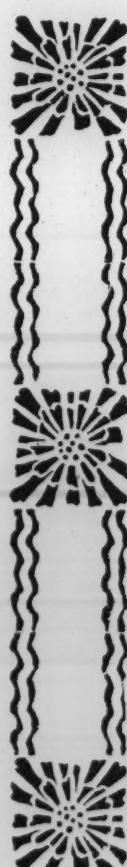
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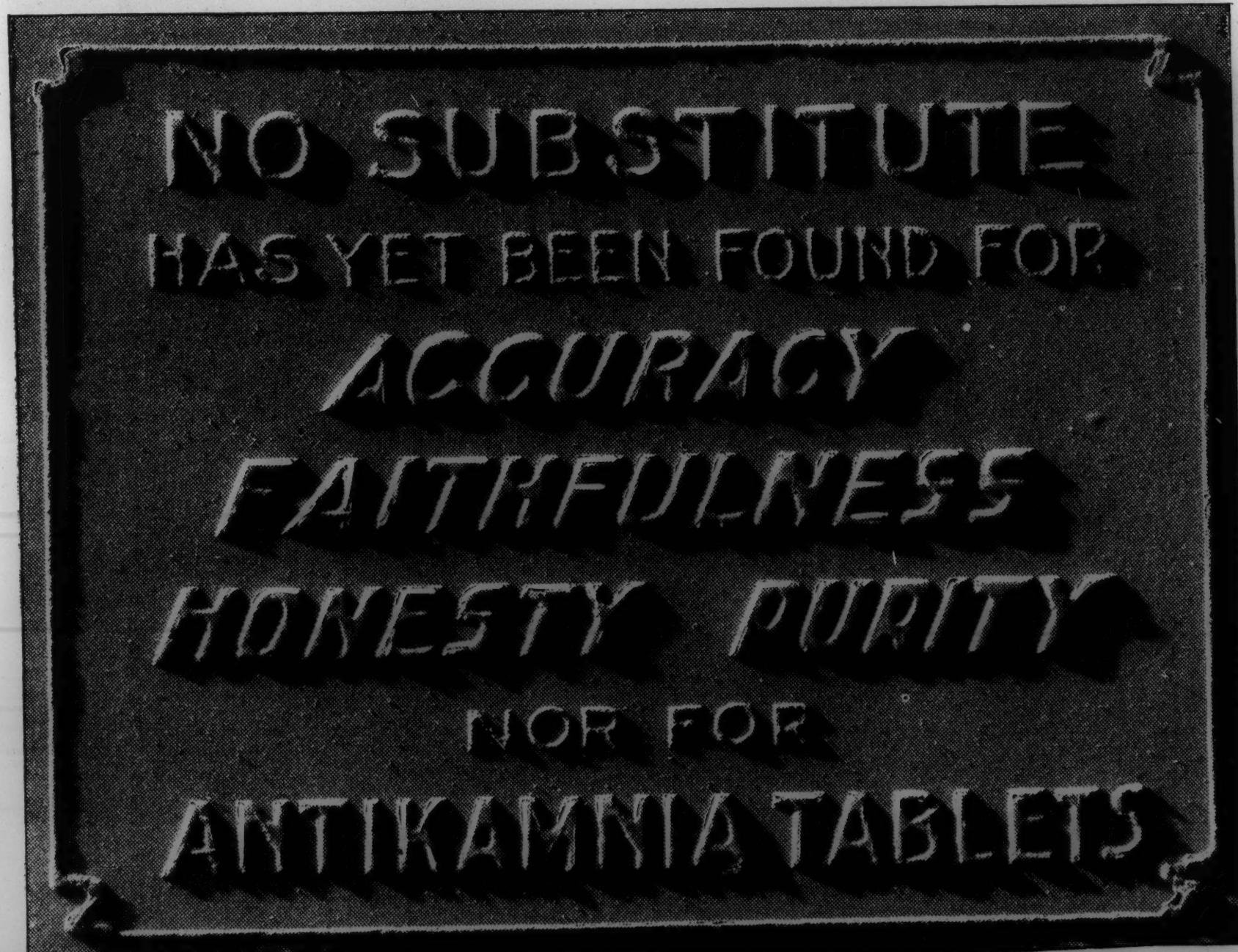
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V

CALIFORNIA MEDICAL JOURNAL.

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APRIL, 1903.

No. 4.

The Three Medieval Schools.

F. J. PETERSEN, M. D., LOS OLIVOS, CALIFORNIA.

EVEN if we have three great schools of medicine it is not necessary or wise to be factional or too antagonizing towards one another.

The time thus wasted, if devoted to the advancement of the science of medicine and protection of the medical profession in general, would make the position of the physicians of today a better one.

Instead of having laws that are partial and have a tendency to keep up a continuous friction amongst legitimate practitioners, laws should be favored that will protect the medical profession and the public from fakers, quacks, mental healers, Christian scientists and electrical healers, all of whom are now permitted to impose upon the public to the detriment of the latter as well as that of the physicians.

There is a class also who cut into the business of the physician by taking advantage of every opportunity to sell patent medicine or proprietary preparations. Again, there are others who

take every possible chance to prescribe behind the counter without having the right to do so.

The careful observer can readily see that there is much to look after, and that it will be wiser for the practitioners of all schools to join hands in an effort to protect the medical profession as a whole as stated.

In our own profession, I am sorry to say, there are also conditions which are far from being satisfactory and which needs serious consideration. It is that of legal practitioners taking contract labor from societies to the detriment of the medical profession and at the expense really of other people, to say nothing of their own loss. Already meetings have been held in different parts of the United States, the object of which is to do away with this evil practice. It is a move in the right direction. To take contract work of societies, in some instances as low as \$2.00 to \$3.00 a year a member, for all medical services in case of sickness is simply

beyond reason. To me it appears to be degrading the medical profession.

The sooner an understanding is reached on all these points the better it will be for all physicians. If the time now wasted in petty quarrels be devoted to the interest of the medical profession in general some good may be done.

I believe that it is to the interest of every practitioner, whenever possible, to dispense his own medicine; in this way he keeps in close contact with his *materia medica*, and then will naturally become a better practitioner. It is also of great importance to know just what drugs he is dispensing; of what strength, and thus be able better to watch the drug. Prescribing often makes public property of certain formulas, as well as the use of certain drugs, which should never leave the physician's hands. Many drugs that the public today use abusively can trace their origin just from this carelessness.

Now, as to the animosity existing between the different members of the three great medical schools.

The writer sees no reason for this. If the action of a drug would be studied in its entirety, that is its primary, secondary and toxic effects, together with indications, by every school of medicine, there would be no difference in the therapeutics of all schools.

That the old school is sadly neglecting the study of therapeutics may account for their persistent attacks on other schools, and is the main reason that there is no true understanding between the three schools of medicine. The old school in general studies the

physiological action of a very limited number of drugs.

The homœopath, the primary action. The eclectic uses many drugs for their secondary or mild physiological action and some for their primary action, and it is perhaps for this reason that eclectics as a whole are more liberal minded. They as a class realize that drugs have their value in primary as well as secondary action.

This shows that every physician should know the physiological action, primary action and indication not only of a limited, but of a large number of drugs. If this is done, there can be no difference in the therapeutics of all schools.

Taking as an illustration Gelsemium, which in its primary action is stimulating, and indicated in muscular prostration, general relaxation, nerves will not convey impressions, trembling and even threatened paralysis. These are simply a few of its indications, but shows that in its primary or high potency effect as the homœopaths use it, it is stimulating.

Now we come to its secondary, or what may be termed mild physiological action. Here it is used in larger doses and acts as a depressant, and is indicated where there is determination of blood to the head, especially in fevers—it is relaxing. Now if this remedy will correct certain conditions and meet certain indications in its primary action why not use it. If it meets certain indications and corrects certain other conditions in its secondary action why not use it as well.

Another illustration is Aloe, which is

used by the old school and to a limited extent by the eclectic school as a cathartic, which is its physiological action, which is more or less marked according to size of dose and susceptibility of patient. The homœopath uses it for its primary effect and therefore gives it in potencies. It is indicated in homœopathic doses in certain forms of diarrhoea, where there appears to be a marked weakness of the sphincter ani. Rectum feels full of fluid which it cannot hold; stool escaping with flatus or even unnoticed. Worse in the morning and hot weather. Stool yellow or transparent and may be bloody; in such forms of diarrhoea it acts promptly.

Why should any physician object to use these remedies in high potencies for their primary action if they correct conditions for which they are indicated?

Why condemn their secondary action if certain conditions entirely different are easily corrected with the remedy in moderate doses. This applies to drugs in general.

As it is a well known fact that in physiological, but especially in full

physiological doses, a good deal of medicine is rejected, and especially so if the absorbing powers are impaired; it stands to reason that one should administer small doses if practicable. In this way there will be less disturbance of the gastro-intestinal tract, and less reaction in the after effects.

That minute doses are effective if indicated is an indisputable fact. A high potency taken at regular intervals of three to four hours for some days, by a healthy person, will develop physiological symptoms, or as homœopaths call it, symptoms of the provings of a drug.

Could this be possible if absorption was not so complete?

In conclusion, I wish to say that the careful observer will readily see that where drugs are studied in their entirety, that is in the primary, secondary and toxic actions, the indications met as the science of medicine has demonstrated to be a fact, that there can be no difference in therapeutics.

The difference is simply the result of sectional study of drugs.

Erysipelas.

DR. A. S. TUCHLER, SAN FRANCISCO.

ERYSIPELAS is an infectious and contagious disease. It is caused by the invasion through an abrasion of the integument or mucous membrane of a specific poison or virus. It may spread from one infected person to another, or indirectly by means of

clothing, gloves or hands of an intermediate person.

It is usually considered in two forms: first, the simple cutaneous; second, the cellulo-cutaneous or phlegmonous.

Characteristic of both varieties is inflammation of the skin or mucous

membrane. In the simple form, the clinical history is usually mild. It is almost always ushered in with one or more chills, or by slight recurring chilly sensations. The temperature varies from 100° to 104° or 105° F. The pulse is, of course, proportionately increased in frequency. The period of incubation varies from eight hours to four days; usually marked local and constitutional symptoms occur from twenty-four to forty-eight hours after infection. Locally, the part becomes hot, tense, throbbing and painful, with an unbearable burning and itching. The color varies from a pale rose to a bright red hue, with its limit regularly and sharply defined. Vesicles sometimes form on the inflamed surface. The febrile movement and constitutional symptoms vary with the character of the attack, and the vitality or vital resistance of the patient at the time of the infection.

Simple cutaneous erysipelas is not a dangerous disease. Occurring about the face, head or neck, the prognosis is less favorable than when the inoculation occurs elsewhere. When it complicates a wound in a patient almost prostrated by hemorrhage or surgical fever, it may hasten a fatal issue. Its duration may be from seven to ten days in mild cases.

The cellulo-cutaneous or phlegmonous variety is of a severer form. The inflammatory process is rapid, the circulation of the part becomes markedly impaired, and instead of the bright redness of the first form, there is a bluish, dull mottled discoloration. The subcutaneous cellular tissue is infected

in this severer form of erysipelas, and sometimes the intermuscular septa as well as the muscles themselves. The infection extends beyond the external inflammatory zone; the greater portion of the skin may not be involved in the deeper inflammatory process. The infiltration of the cellular tissue becomes extensive; serum and pus forms in a large quantity depending on the extent of the diffuse cellulitis. Lymphangitis, and occasionally phlebitis, occurs. When the lymph vessels become involved, lines of redness and tenderness leading in the course of these vessels occur. Extensive gangrene and sloughing of the skin may take place around the site of the original wound or ulcer. Severe and fatal sepsis is not uncommon. Low muttering delirium is quite frequent.

In the treatment of this disease the utmost cleanliness must be observed by the medical attendant, the nurse, and particularly in the surroundings of the patient. Owing to the contagiousness of this disease, the physician who has a patient under his charge, must be absolutely clean as regards his person and clothes. A failure to observe these precautions may infect a patient in childbirth with a resultant puerperal sepsis and with a probably fatal result. Oliver Wendal Holmes was the first to recognize and call the attention of the profession to the necessary observance of asepsis in this particular. Nor should a physician or nurse go from a patient suffering from this disease to an aseptic surgical case without a thorough and careful disinfection.

The following will illustrate a suc-

cessful line of treatment of twenty-five consecutive cases without a fatal result:

Mr. G. C., age sixty, a well preserved, temperate gentleman of good habits and large family, complained of a burning pain and severe itching on the right side of his face and ear while away from home. After a week of unsuccessful treatment, we found him with his face and head red and inflamed, both eyes swollen and closed, and a feeling as if the skin was too tight, as he expressed it.

Temperature $101\frac{3}{4}$ ° F., pulse 100, regular but lacking force or volume. Face, ears and scalp were of a nice rose color and very sore to the touch. The surface was covered with small watery blebs. Was very restless, owing to the itching and burning pain, and therefore unable to sleep. Tongue pale and covered with a dirty yellow coat, bad taste in the mouth, appetite nil, bowels constipated.

Prescribed magnesia sulphate, one quarter of a teaspoonful in a glass of water every hour until the bowels moved. Echafolta in ten drop doses every two hours.

R Sodium sulpho-carbolate..	3ij
Sp. M. apis.....	gtt. x
" gelsemium.....	3ss
Glycerine.....	3i
Aq. dest.....	q.s. 3ii

Sig. 3i. Every half-hour for a few doses, then every hour.

Also wash surface with saturated solution of bicarbonate of sodium in hot water twice daily; after which apply thoroughly a ten percent salve of ichthyol in vaseline and cover with lint. For the eyes, a four percent solution

of boracic acid in rose water, applied frequently, added materially to his comfort. By the second day of this treatment the acute and annoying symptoms had subsided; the medicines were continued at less frequent intervals until the end of the week, when only the echafolta and the salve externally were required for another week, and patient fully recovered.

It will be noticed that, although the sodium sulphite was indicated in this case, we have substituted the sodium sulphocarbolate, as it is not so disagreeable to take and gives just as good results. In fact, in every case where the sulphite is indicated, the other has been used with excellent results. The foregoing illustrates the treatment of the simple form, whether of the face or foot. The following case is a severe one of the second form of this disease.

Mrs. G., age 40, married, no children; regular habits and temperate. Had an ulcer on the anterior portion of the lower extremity, about three inches above the ankle joint, ever since she can remember, so she said. She had been a domestic in her younger days, and in moving the furniture was in the habit of shoving it with her leg, thereby bruising the latter continually, creating a slight sore and eventually causing it to assume a chronic form. Subsequently there was a history of an almost annual recurrence of erysipelas, sometimes the entire surface of the body would be involved in the infection. Cleanliness was foreign to her habits as regards the ulcer, the odor arising from it being a gentle reminder

of the dissecting room. She had been unable to walk for two days previous to our observation, owing to pain in the knee, and frequent chills. On the third day found the temperature 104° in the morning, pulse 120, and most of the time delirious.

The most peculiar thing in this connection was, that the external surface around the knee was very much inflamed, tense and doughy to the touch and of a bluish color, while the skin above and below the knee was only slightly red. Under ether and chloroform anesthesia an incision into the most dependent portion of the knee, allowed the serum and pus to escape in a stream. The joint was not involved in this infection. Multiple incisions, about four inches apart, were now made through the skin into the cellular tissue, extending around the leg from the thigh to the site of the old ulcer above the ankle. The tissue could easily be torn through on the insertion of the finger and felt hot and soft to the touch, until the limit of the inflamed cellular zone had been reached; the sloughing of this tissue was extensive.

Irrigated with bichloride solution, 1 to 4000; then passed gauze strips through the incisions impregnated with a 10% of ichthyol in distilled water; also saturated gauze with the same solution and wrapped it around the entire leg, covered with absorbent cotton and bandaged. Repeated this daily until the sloughing ceased and granulations made their appearance, when the gauze strips were discarded, but the leg dressed as before.

The entire body, in a few days, was as red as a beet which soon changed to an ebony color on the application of 10% ichthyol in vaseline. The internal treatment was about the same as in the previous case. It was about four months before the leg was entirely healed. During this time the skin of the entire body peeled off, and all the hair of the head came out.

These two cases illustrate our general line of treatment, although that may be varied in some particulars depending on the specific indications presenting. Echafolta was administered in all cases from the commencement of the sickness to the recovery. It was noticed in several cases that where the patient became negligent in taking this remedy he did not progress so rapidly toward recovery as those cases in which it was taken as prescribed. It will also be noticed that the so-called sedatives, like aconite and veratrum, were not made use of. In fact, the use of such remedies to reduce the fever and slow the pulse can safely be discarded to the advantage of our patients, particularly in septic cases where the fever and consequent acceleration of the pulse depend on a septic infection.

EPIDEMIC MENINGITIS.—The specific diplococci are present early in the spinal exudate obtained by lumbar puncture. Typical cerebrospinal meningitis of sporadic occurrence may be due to streptococci pyogenes, pneumococci or tubercle bacilli, migrating from foci in various parts of the body.
—*Denver Times.*

The Surgical Treatment of Tuberculous Peritonitis.

A. J. OCHSNER, M. D., CHICAGO.

Extract from reprint in Transactions of the American Surgical Association.

AT the present moment the treatment of tuberculous peritonitis seems to drift back into the hands of the practitioner of internal medicine after having been virtually considered a surgical disease.

Koenig's work had attracted so much attention that surgeons were generally willing to undertake the treatment, and their immediate results were usually so favorable that it seemed as though the surgical treatment had been permanently established. In studying the literature, my assistant, Dr. N. M. Percy, and myself have found that surgeons with a considerable experience report approximately 50 per cent. of recoveries, extending over at least two years. Surgeons who report fewer cases show a larger percentage of recoveries, but it is scarcely fair to count these cases, because it is likely that in this group a greater proportion of favorable than unfavorable cases are reported—*i. e.*, of all surgeons who have operated upon only one or two of these cases those who have been fortunate in their results will feel inclined to encourage others, while those whose results have been unfortunate abandon the subject as unworthy of special attention.

A study of the literature, together with a review of our clinical experience, seem to warrant the following conclusions. These do not correspond to the conclusions of any of the various authors, but contain the views which I

have accepted after considering the ideas of these various authors in connection with my own clinical experiments.

1. Patients suffering from tuberculous peritonitis should first be subject to careful medical treatment.
2. This treatment should consist in the use of intestinal antiseptics and antituberculous remedies and rest in bed. Sterilized food and improved hygienic conditions generally should be employed.
3. So long as the patient's condition improves reasonably this treatment should be continued.
4. In case the patient's condition does not improve, abdominal section is indicated.
5. If the disease is confined to a part which can be safely removed without injuring any portion of the tuberculous peritoneum this should be done, provided the surface can be covered with healthy peritoneum.
6. If the removal of any infected portion necessitates the severing of the tuberculous peritoneum or leaving a portion of the peritoneal surface denuded, the diseased tissue must not be disturbed.
7. In case there is fluid in the peritoneal cavity it is doubtful whether it is best to remove any tuberculous tissue, even though it be circumscribed.
8. Enormous quantities of the tuberculous material can be absorbed from

the peritoneal cavity after simple laparotomy.

9. It is best to avoid all manipulation of intra-abdominal organs during the operation in case there is a diffuse tuberculous infection, and to confine the operation to simply opening the peritoneal cavity, permitting the ascitic fluid to drain out, admitting air to the peritoneal cavity, and closing the abdominal wound.

10. Peritoneal adhesions should never be disturbed in patients suffering from tuberculous peritonitis with ascites, for fear of causing intestinal fistulæ.

11. During the time of recovery from the surgical operation and for a con-

siderable period of time after this the patient should be treated medically.

12. The hygienic conditions of the patient must be permanently improved, and he must not be permitted to expose himself to the conditions which primarily caused the tuberculous infection.

13. Permanency of cure is much more likely in patients who are not predisposed to pulmonary tuberculosis.

14. Chronic cases with fluid, notably if encapsulated, not benefited by medical and hygienic treatment, are especially amenable to surgical treatment.

15. Repeated operations are indicated in cases of reaccumulation of fluid.

Natural and Artificial Salicylic Acid Compared.

DR. C. E. HUDSON.

WE mean by artificial salicylic acid and artificial salicylate sodium, the synthetical products obtained from carbolic acid. The synthetical products, on account of their cheapness, are generally dispensed by druggists on physicians' prescriptions.

The natural acid, obtained from pure oil of wintergreen, has the following characteristics: Separate needle crystals, inodorous, soluble in about 500 parts of cold water, and 15 parts of boiling water, readily soluble in hot chloroform, soluble in alcohol and ether.

The synthetical products retain from carbolic acid, from which they are made, impurities that Dr. Chateris, of Glasgow University, declare to be of the nature of slow but certain poisons. In his experiments he killed a rabbit with a ten grain dose of artificial acid, and on eighteen grain dose of artificial salicylate sodium, while the natural sali-

cyclic acid and its salt of sodium in proportionate doses caused no bad results.

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CALIFORNIA MEDICAL JOURNAL,
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Editorial.

Medical Bills.

The legislature has adjourned, and the medical bills are on the shelf. Only one (Bill No. 365) passed from the Committee to the floor of the Senate. It was defeated by three votes.

As far as the Journal is concerned it had no interest in the bill, as it did not confer any privileges on the Eclectic School of Medicine that it did not possess under the present law.

The Governor was to appoint two members of the Board. The State Society has the same privilege of selecting two members under the present law; which is preferable to selection by the Governor. The Governor is more

of a politician than a medical man. The present law is not a bad law, if carried out in the spirit of its enactment. The present board, however, has failed to conduct its examinations so as to elicit confidence in its operation.

Examinations under the law are intended to ascertain the intelligence and proficiency of the applicant for license. The College should have a technical and practical examination before granting the diploma. The Board of Examiners should make a practical examination, both written and oral, besides clinically testing the applicant's knowledge as to diagnosing and treating surgical and medical cases at the bedside.

Some of the members of the present board seem to think that they were

appointed to show how much they know, not to ascertain how much or little the applicants know. Certain questions were asked which cannot be found in American or English text books; and if such questions were answered, it leaves the questioners open to the suspicion of furnishing the answers. This throws a suspicion on the whole board, justly, or unjustly.

State Board of Health.

Governor Pardee seemingly does not appreciate his predecessor's judgment. The men appointed by Governor Gage were not to his liking, and he has withdrawn their names from the Senate, and substituted others. The Governor can have no higher motive than the public good. He is the Governor of the State, not of a party or clique. Yet, strange to say, Governor Pardee, though a native son, does not appear to have any confidence in the medical graduates of his native State. He appointed one. Who is he?

The State Medical Board of Health should be an important body. Who can tell for the past twenty years of any great service rendered? Are the members ornamental or useful? There is work to be done. State institutions need attention. There is not a single institution but needs sanitary correction. We have epidemics, pollutions of streams and unsanitary conditions of industrial institutions that the State should supervise. Tell us the results of the State Board of Health.

Governor Pardee forgets one thing—no matter whether the board be orna-

mental or useful—that there are Eclectic and Homœopathic taxpayers in this State. He forgets that more than forty per cent. of the taxes of this State are contributed by taxpayers who do not employ allopathic physicians. Why should those taxpayers be ignored? The day of reckoning is at hand, and the medical bigot shall find his level beneath the average intelligence of his constituency.

Merging.

This is an age of combination, of great trusts and greater mergers. All our great industries in their different lines, are uniting under one head, for the purpose of control. Shall the medical profession combine? Shall the different schools unite under one head? This is a question that is being considered and agitated. Will medicine be advanced by such combination is a matter for serious consideration?

For our own part, we do not think the time is ripe. That there should be perfect harmony between the different branches of the profession needs no argument. Each school is pursuing researches on different lines, and whatever is proven to be truth should be adopted by all. We think, for the present, however, that more good can be accomplished by working separately. The time may come when medicine will be definite, and schools of no further use.

The old school must become more liberal, and concede that some good may come out of Nazareth, before we are ready to give up our identity. We

are all adding to the sum total of medical knowledge on different lines, and if we merged under present conditions, there would not be the same stimulus in pursuing our researches.

Disease an Entity.

In days gone by disease was considered an entity—something that was to be driven out of the system. But in modern times we supposed that we had passed beyond that stage, until the pendulum is again swinging back.

Disease an entity. Bacteria the entity. Every disease caused by a special bacterium. That is the trend of medicine today. If this be true Medical Colleges are useless. Anatomy, physiology, chemistry and *materia medica* are superfluous. The teaching of the practice of today is unnecessary.

We soon shall be able to do away with nasty simples and compounds. Get a hypodermic syringe, bottles of the different antitoxines, and we are prepared to treat any case. Surely medicine is being simplified.

The State Society.

The president has made his appointments for the annual meeting, as appears in another page. It is needless to say that he expects every man to do his duty in making the meeting a success. The president and secretary may work ever so hard, but it needs the cooperation of the entire membership to accomplish the best results.

We appeal to the membership—we

appeal to all who hold the license of the board to assist the society by their presence and contributions of papers, to make this annual meeting the most prosperous and successful in its history.

The world is moving, not by individualism, but by aggregation of men and means. Combination and joint action must be our motto if we hold our own as a school. No matter how strong our single efforts may be, we will only be as pebbles on the beach compared to the mountains that pierce the sky beyond the clouds.

Editorial Notes.

We would be pleased to introduce a query or inquiry department in the Journal. Editors are supposed to know all things, or if they don't, their friends do. Send on your questions.

Surgical operations should be conducted as nearly silent as possible. The assistants and nurses should be so well trained and familiar with every step of the operation that it should be unnecessary for any talking. Talking is confusing, and if spectators indulge, it is intolerable.

We are indebted to Dr. French, of Milford, Mass., for an account of a meeting of the *Aesculapian Club*, at that place.

The subject considered at this meeting was: A Comparative Study of the Treatment of Pneumonia. Four papers were read, presenting the subject from the standpoint of the different schools and systems of practice, as follows:—

The Regular Treatment of Pneumo-

nia, by W. W. Browne, M. D. of Blackstone. The Homœopathic Treatment of Pneumonia, by Edgar L. Fisher, M. D., of Worcester. The Eclectic Treatment of Pnumonia, by Pitts Edwin Howes, M. D., of Boston. The Dosimetric Treatment of Pneumonia, by Wm. L. Johnson, M. D., of Uxbridge.

The reading of the papers was followed by a free discussion in which all present participated.

The thirteenth annual meeting of the American Electro-Therapeutic Association will be held at Atlantic City, N. J., September 22, 23, 24, 1903

Dr. F. P. Mitchell has removed from Elmhurst to Oakland.

Dr. M. Schirman has moved his office to the Emma Spreckles Building. S. F.

Dr. G. E. Bryant of Truckee is spending some time at Los Gatos.

The ninth annual meeting of the New England Eclectic Medical Association will be held at Portland, Maine, May 26, 27, 28, 1903.

**Meeting of the State Society, May 26, 27
and 28, 1903.**

The President of the Eclectic Medical Society of the State of California has named the following members as President and Secretary of the various sections of the forthcoming program and expects each of them to do all in his power to make the meeting of this year the greatest success of any meeting in the history of the society.

Section I, Practice of Medicine; O. S. Laws, M. D., Pres., Los Angeles.

H. Vandre, M. D., Sec., San Francisco.

Section II, Materia Medica; F. G. Fay, M. D., Pres., Sacramento. J. C. Bainbridge, M. D., Sec., Santa Barbara.

Section III, Surgery; G. G. Gere, M. D., Pres., San Francisco. W. A. Harvey, M. D., Sec., San Francisco.

Section IV, Obstetrics; D. Maclean, M. D., Pres., San Francisco. L. A. Perce, M. D., Sec., Long Beach.

Section V, Gynæcology; J. B. Mitchell, M. D., Pres., San Francisco. E. A. Ormsby, M. D., Sec., Concord.

Section VI, Ophthalmology, Otology, and Laryngology; F. Cornwall, M. D., Pres., San Francisco. H. W. Hunsaker, M. D., Sec., San Francisco.

Section VII, Electro-Therapy; J. W. Hamilton, M. D., Pres., San Francisco. O. C. Welbourn, M. D., Sec., Los Angeles.

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Send title of your subject to the Secretary before April 25th.

Book Notes.

ALL BOOKS reviewed in these columns may be examined by prospective purchasers, at the JOURNAL Editorial rooms from 10 to 12 daily, within thirty days of the appearance of the review. We invite students to examine these publications. Publishers will please notify us of the net price of all books.

Clinical Treatise on the Pathology and Therapy of Disorders of Metabolism and Nutrition—By Prof. Carl von Noorden.

Part III—Colitis. This is a masterly treatment of the complex subject of Membranous Catarrh of the Intestines (*Colica Mucosa*). Small 8vo. cloth, 50c. The three vols. sent carriage paid on receipt of \$2. In preparation “Diabetes,” “Acetonuria,” and others.

E. B. Treat & Co., Publishers, New York.

The 1903 Standard Medical Directory.

That the publication of a high-class Medical Directory is appreciated by the profession is proven by the cordial reception given of 1902 Edition of the Standard Medical Directory of North America and the promising auspices attending the 1903 edition now in active preparation. The new volume will consist of about 1300 pages comprising complete Directories respectively of the Physicians of North America, colleges, societies, hospitals, sanitariums, mineral springs, publications and in fact everything related to medicine. The new features (including an Alphabetical Index of Physicians with Post Office Addresses and Rosters of Practitioners of the specialties) will, it is stated, add about one-third to the volume of the work.

The Prevention of Disease.—Translated from the German with an introduction by H. Timbrell Bulstrode, M.A., M.D., D.P.H. In two volumes. Cloth, 5½ x 9 in. 1,063 pp. Net price, \$3.75 per volume. Funk & Wagnalls Company, New York.

A work of wonderful scope and a most important contribution to the development of preventive medicine. It is sure to stimulate the efforts of the medical profession along the lines of general and individual prophylaxis. The writers are all men of international reputation and their statements are authoritative, their methods of treatment original and exhaustive.

E. B. Treat & Co., Chicago and New York, have issued the International Medical Annual for 1903. This, the twenty-first volume, is a true reflection of the present trend of medical opinion. The editors are to be congratulated on bringing their publication to such a satisfactory majority. Price, \$3.00.

Correspondence.

Editor of the *California Medical Journal*, San Francisco, Cal.

Dear Doctor: Some one has recently called my attention to an article entitled, “Veratrum Viride,” and written by Dr. M. L. Doom, of Tacoma, Wash., which is credited to your excellent and always progressive Journal. In this article the author gives some very interesting accounts of his experience with veratrum viride, and by way of running commentary, pronounces some thoroughgoing opinions of the therapy of the drug. This is very pleasing,

indeed, and especially because we in the East are accustomed to look to your Journal for portraiture of Pacific Coast experiences, and hitherto there has been comparatively little appreciation of this drug on your side of the Rocky Mountains.

I am glad, very glad, that such an astute observer has given his brethren his experiences, and if you will permit me to say so, I will frankly endorse his prime contention that veratrum viride is "one of the best alteratives in the *materia medica*." That is strong truth, and it is to be hoped that it will be generally agreed to. A proper cardiac alterative, a remedy which will habilitate the heart and keep it in order—that is veratrum viride. Dr. Doom pronounces it as curative, with more certainty than either digitalis or cactus. Quite right, always right. Dr. Doom does not go far enough and explain the "reason why." It is plain enough, however. Bartholow says of digitalis (and the same applies to the preparations of cactus) "Nothing is definitely known as to the action of this agent on the composition of the blood." That, contrasted with our exact and favorable knowledge of veratrum viride on the morphological elements, is enough to blast the leaves of digitalis purpurea and magnify veratrum viride. Digitalis never enters the blood with any greater facility.

But, it may be said, would it not, therefore, be well to combine the two drugs? Why? The answer is, that the combination would be certain in its physiological action. But, bear with me, please, while I ask—why use an

uncertain preparation of either drug? Why use a preparation that needs to be bolstered up—fortified? Does some one say this must needs be? Nonsense—the trouble is just this: the veratrum viride of the shops is apt to be uncertain, but need never be if we take the pains to have the true officinal instead of that which may be reliable and may not be. What do I mean when I say this? I mean that which the United States Dispensatory says, nothing else. The statement there made is this:

"The credit of calling public attention to it is due more especially to Dr. W. C. Norwood of Cokesbury, South Carolina."

Dr. Norwood introduced the drug into the United States Pharmacopoeia, and its pronunciation was on his preparation. *That* preparation is the reliable officinal, and it is still on the market. It does not require bolstering, or even synergizing, and it is always worth while to insist that we get that which is the original Norwood's tincture, and not some other kind that needs the "brace" of digitalis, aconite, or some other vaso-motor depressant. Dr. Norwood introduced the drug, and it is well to be sure of having his tincture if, with Dr. Doom, we want to be sure of the faith that is within us.

W. H. MORSE, M. D.
Westfield. N. J.

In my opinion Pepto-Mangan (Gude) is the best and most efficient of the many iron preparations.

DR. F. ESSER.
Eggenstein, Baden, Sept. 1, 1901.

LORD MACAULAY SAYS:
Every Clinician Becomes an Historian.

Lord Macaulay briefly epitomized history as the "Record of Events." Be it so. The pleasant task of collection and verification of data falls upon the historian, who retells in an interesting and enthusiastic manner the lives and acts of others.

The desire of one person to know precisely why another individual preferred certain methods to old established forms necessitated history. History thus recites incident. Incident depicts facts, and facts destroy theories, as the following abstract convincingly states:

"We had here a most formidable state of things to deal with: A woman in child-bed, with every indication of Septicemia—a double pneumonia, probably of septic origin, with constant pain in hip and lumbar region with persistent vomiting and diarrhoea, temp. 105 degrees. A large tympanitic abdomen, small wiry pulse, cyanosis with fingernails quite purple. Dr. Tibbetts several times informed me that I could look for a fatal termination, so extreme was the case. . . . the best thing to do was to curet, which was done, and followed by hot bichloride douches. . . . no abatement in temperature. Morphine had to be given hypodermically to comfort patient, besides strychnine, cactus, brandy, and digitalis to support the heart's action. Just here I must say I administered anti-streptococcic serum with very gratifying results. We also used injections of salt solution. I believe the benefit from these injections was more lasting than

from those of serum. Antiphlogistine was applied over the hip, lumbar nerves and sciatic nerve. This agent (Antiphlogistine) was our mainstay in the treatment of both lungs besides. The abdomen became as large as before confinement, hard and resonant on palpation. Antiphlogistine was therefore spread all over the abdomen. I know of no preparation that has been brought to the attention of the profession of late years deserving of higher praise in all inflammatory conditions, no matter in what locality such may be seated. Poultices have been abandoned by the writer since the adoption of its use.

Puerperal Septicemia Complicated by Septic Double Pneumonia. Abscess of Thigh.—Recovery.

"C. C. PARTRIDGE, M. D.,
in American Surgery and Gynecology,
"October, 1902."

Had it not been for Antiphlogistine, what would have been the result of the case? Again, had it not been for Antiphlogistine, what pleasure would the attending physician have taken in making a public record of his case?

"The results from the use of Hagee's Cordial of Cod Liver Oil Compound have been most remarkable. For subacute and chronic bronchial and pulmonary troubles it is the ideal compound. As a reconstructive to the tissues, and nerve tonic, I have found nothing to equal it. It is non-irritating to the stomach and freely absorbed and assimilated." JOHN W. VAUGHAN, M.D.,
Professor of Orthopedic
and Clinical Surgery,
Barnes Medical College, St. Louis, Mo.

The Nervous Affections of the Heart.

Gibson (*The Edinburgh Medical Journal*, Nov. 1902) believes in the use of exercise in the preventive treatment of nervous affections of the heart, especially of forced expiration and inspiration attended by appropriate movements of the shoulders and arms. When patients are unable to take active exercise, massage is of the highest value by the promotion of all the tissue changes. It must be carefully watched lest the blood should become surcharged with the products of metabolism and the condition of the patient rendered worse. Resistance exercises may be employed before the patient is able to take active exercise.

As to the drugs to be used—alteratives, cardiac tonics, and vasodilators are the ones to be relied on. The iodides constitute the best alteratives, potassium iodide being the most efficacious unless it is not tolerated, in which case one of the other preparations will have to be given. If there is any failure of the heart, preparations of iodine must be combined with cardiac tonics. When there is any tendency to a rise of pressure in the arterial pulse it is good practice to administer one of the vasodilators continuously in small dosage. Nitroglycerin or trinitrin is the most potent drug of its class. Its most convenient administration is in the 1 per cent. solution, of which a dose from one-half to two minims may be given at first. In many instances as much as ten minims may be exhibited every four hours.—*The Charlotte Medical Journal.*

On the Treatment of Tetanus with Injections of Brain Emulsion.

Tikanadze (*Russky Vrach*, Vol. 1, No. 35) treated a fourteen year old girl suffering from tetanus with injections of an emulsion of pig's brain. The emulsion was prepared from the fresh brain of a pig in the proportion of 10 gm. of brain to 30 cc. of normal salt solution. Strict asepsis was observed during the entire process of preparation. The injection of 12 cc. of the emulsion was repeated on each of three successive days with the result that each injection was followed by an amelioration of the symptoms, and the patient made a complete recovery.

It is the consensus opinion of the Physicians who have employed Daniel's Conc. Tr. Passiflora Incarnata in their practice that its value is unexcelled in Hysteria, Insomnia and kindred diseases. One Practitioner reports that his patient had lost so much sleep that his condition bordered on insanity. Passiflora was recommended to him and he tried it on his patient with very beneficial results. A natural sleep was produced, the tension of the nervous system was relaxed, and improvement began immediately. It is an excellent calmative agent, and always leaves the system normal and healthy.

Sugar placed in water, or the use of simple syrup, will greatly facilitate the removal of plaster from the hands after applying plaster dressings. The use of sweet oil is also serviceable for this purpose.—*The Medical Times.*

The Dietetic and Hygienic Gazette, commenting upon the dietetic value of iron, says:

"Pathologists have given pointers as to the special condition of the iron in the system and in the circulating medium, and the newer preparations aim to imitate that condition. Most of them have a brief day of fame and then drop out of sight for the reason that they lack some element of eligibility. Few are standing the test of time and the critical ordeal of the clinicians. Foremost among these it is safe to name Gude's Pepto-Mangan. It is probably the nearest approach to a physiologic reproduction yet devised. It deserves its universal popularity, and its manufacturers do well to restrict its sale to strictly ethical channels."

Ocular Manifestations in Chronic Bright's Disease.

G. E. DeSchweinitz (*Medicine*) discusses the Ocular Manifestations in Chronic Bright's Disease. He recognizes seven of these conditions. They are:

1. Complete blindness without ophthalmoscopic lesions, or at least without the presence of lesions more or less suggestive of disease of the kidneys, generally called uremic amaurosis, and most often seen in acute nephritis, but also in acute exacerbations of chronic renal disease.
2. Various types of retinitis and neuroretinitis, to which the descriptive term "albuminuric" is commonly applied, and which are most often seen in association with chronic forms of kidney disease.

3. Alterations in the calibre and relation of the retinal vessels owing to sclerotic changes in their walls, with or without hemorrhages and exudates in the retina, seen in association with those forms of renal disease in which vascular changes are evident elsewhere in the body; also isolated hemorrhages and exudates, without marked vessel-wall changes.

4. Alterations in the uveal tract, particularly in the choroid and iris.

5. Some varieties of cataract.

6. Paresis and paralysis of the ocular muscles, particularly the superior oblique and the external rectus.

7. Recurring subconjunctival hemorrhages.—*Canadian Practitioner*.

Prepared by the Rio Chemical Co., St. Louis, S. H. Kennedy's Extract of *Pinus Canadensis* is obtained from the hemlock spruce. The bark is highly astringent, containing as it does, both tannic and gallic acid, besides an oleorosin. It acts like a charm on mucous surfaces. It therefore possesses properties which give it a prominent rank in the treatment of an important class of maladies. It exercises a most powerful influence over the catarrhal affections; hence in nasal catarrh alone, its value can not well be overrated. Its almost phenomenal success in gonorrhœa, vaginitis, and all granular and inflammatory conditions of the male and female genitals, gives it a priceless value to the specialist.

Oil of wintergreen, taken in five drop doses, upon sugar, relieves the spasms of pertussis or whooping-cough.—*Ex-*

Surgical Hints.

[From the International Journal of Surgery.]

If compelled to give iodide of potash in large doses it will often be borne best when given in milk, which may be peptonized. This is especially frequently the case with women and children.

Disease germs more readily float in dry air than in an atmosphere charged with moisture. In preparing a room for operation the use of steam will tend to purify the air by causing germs to fall to the floor, which it is advisable to moisten or to cover with damp sheets.

It is a rule, to which there are practically no exceptions, that if you feel fluctuation from pus anywhere there is no reason for waiting and poulticing before evacuation. It only makes the abscess larger, infects more tissue, and prolongs the disease. If the diagnosis be uncertain have recourse to the aspirating needle.

Air proves a very severe irritant in the case of extensive burns. If several of these are situated upon various parts of the body they must be dressed one after the other, the object being both to avoid the irritating effect of the air and to expose the wounds as short a time as possible to the chances of atmospheric infection.

In prostatitis there is often pain at the end of the penis, as in stone in the bladder, but it is commonly less acute than in the latter. In cystitis the pain is chiefly before urinating, and suprapubic as to location, although, when

very severe, it may also be felt in the perineum. In stricture the pain is apt to be at or about the seat of obstruction.

In a case of cancer of the uterus, if the organ is not freely movable the chances are much in favor of the disease having extended beyond the limits at which an operation can be of value. Yet, before refusing to operate, the surgeon must feel reasonably certain that the immobility of this organ is not due to old inflammatory adhesions, having nothing to do with the malignant process.

In operating on a Chinaman it is always prudent to find out whether he is in the habit of smoking opium before beginning. If this be the case he may need a considerable amount of morphine for some time after the operation, which would otherwise be complicated by the distressing effects of sudden withdrawal of opium. The time just after an operation is not the one to be selected for curing the morphine habit. This also applies, of course, to the white opium eater, but the latter, unlike the Chinaman, will very soon let you know his needs.

A tent city for consumptives is to be established in the suburbs of Santa Fe. A tract of land has been bought in the foothills southeast of this city, with southern exposure, whereon will be laid out a model tent city, with water supply, electric lights, telephone, sewer, etc., to be a sanitarium on a new and large scale. A number of New York health seekers have already applied for tents.

Rabies.

The old medical teaching that a dog suspected of madness should be killed the instant it has inflicted a bite, is still followed largely by the laity. The only evidence of human hydrophobia in the period of incubation is in the dog itself. Gibier recommends that the canine suspect be kept in confinement and carefully observed for at least one week. As soon as the animal dies, which it will surely do if afflicted with rabies, the head and neck should be cut off near the shoulders and sent to the nearest laboratory for the crucial tests (microscope shows proliferation around nerve cells of vagi; confirmed by inoculation experiments) that will decide the diagnosis within 24 hours. If the whole caput cannot be sent in this way, portions of the brain and medulla should be placed in two clean bottles, one containing pure glycerin, and the other 95 per cent. alcohol. In cases of bites on the head, the dog may be killed as soon as it shows distinct symptoms of paralysis, and the brain and medulla extracted for examination, since a few days or even hours saved in dumb rabies is an item of great consequence.

I have found Pas-carnata to quickly allay nervousness and in no instance has it failed to promptly overcome insomnia. In several cases where nervousness and insomnia were most pronounced the action of Cordial Pas-carnata was as prompt as that of any drug could be and the patients in every case are most enthusiastic in their laudations of the remedy. Dr. L. Bennett.

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It has been discovered that the air from limestone caves has all the characteristics of that of the mountains. This discovery has just been made use of in the locating of a sanitarium near one of these caves, and the air for the institution is supplied from the underground caverns. This establishment is at Luray, Va.

Case fourth—"DIPHTHERIA."

I have used Glyco-Thymoline in cases of diphtheria with good results. My favorite combination is composed of the following: Glyco-Thymoline 50 per cent. Per Oxide of Hydrogen, 50 per cent, for use in the atomizer every four hours or so. Although mentioning this under case fourth, I will not specify any particular case, as I employ this prescription in all cases of diphtheria. Of course, Glyco-Thymoline has no specific influence other than a strong, reliable and harmless antiseptic."

Cocaine Habit in India.

Bose (*British Medical Journal*) says: Cocaine, which has but recently been introduced in India, is generally taken in the form of powders sprinkled on a paste of slaked lime, which is buttered on a betel-leaf. The mass is rolled up and chewed for about fifteen minutes. The first symptom of the so-called hilarity is a heaviness of the head. Then quickly follow a wild throbbing of the arteries of the neck and palpitation of the heart. The pulse never exceeds 110. The inebriate wishes to be left alone; he will not speak lest saliva escapes from the

mouth. The ears become hot, cheeks pale, and the nose pinched and cold. The height of intoxication is marked by coldness of the finger tips and dilatation of the pupils. This last stage lasts from thirty to forty-five minutes, when the victim longs for a fresh dose. The teeth and tongue of old *habitués* turn absolutely black.

A more miserable object than a confirmed Hindoo cocaine eater cannot be pictured. The drug is altogether more disastrous in its effects than is opium or any other narcotic used in India. To quote the words of a victim, "To eat cocaine is to court misery."—*Charlotte Medical Journal*.

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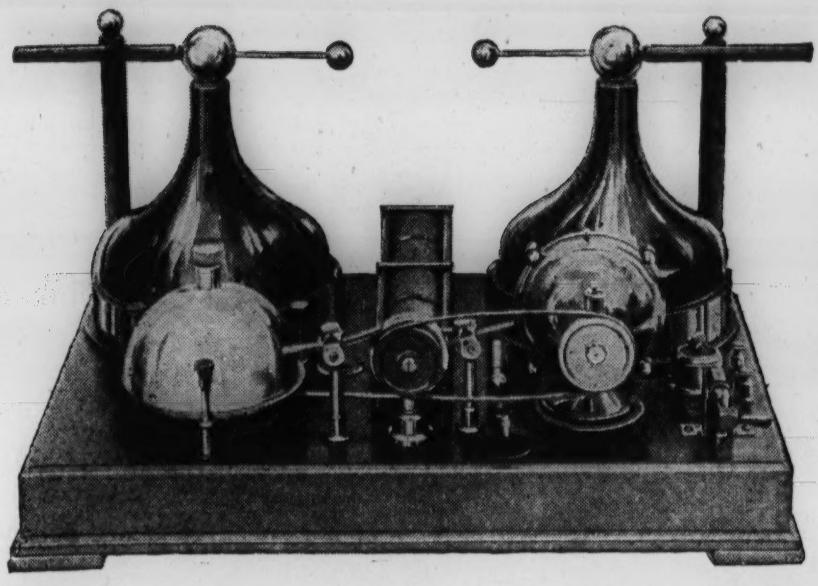
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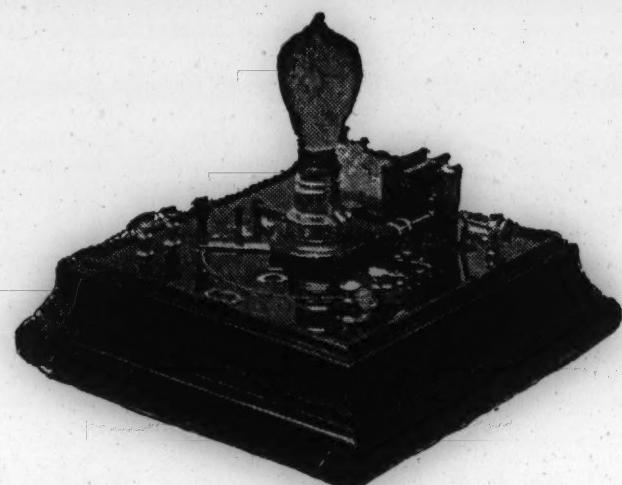
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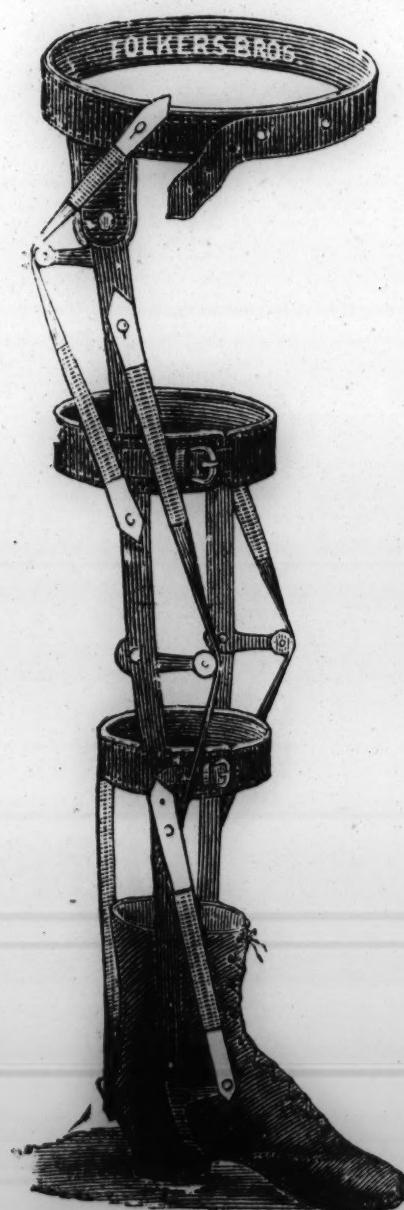
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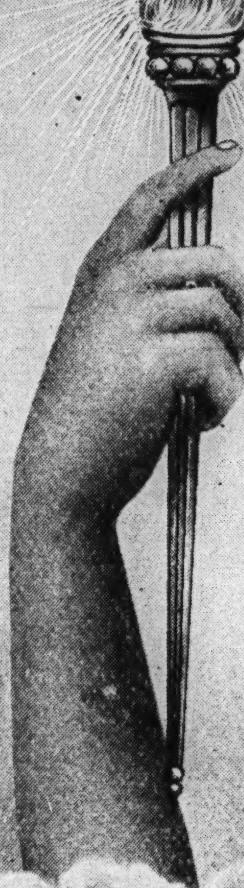
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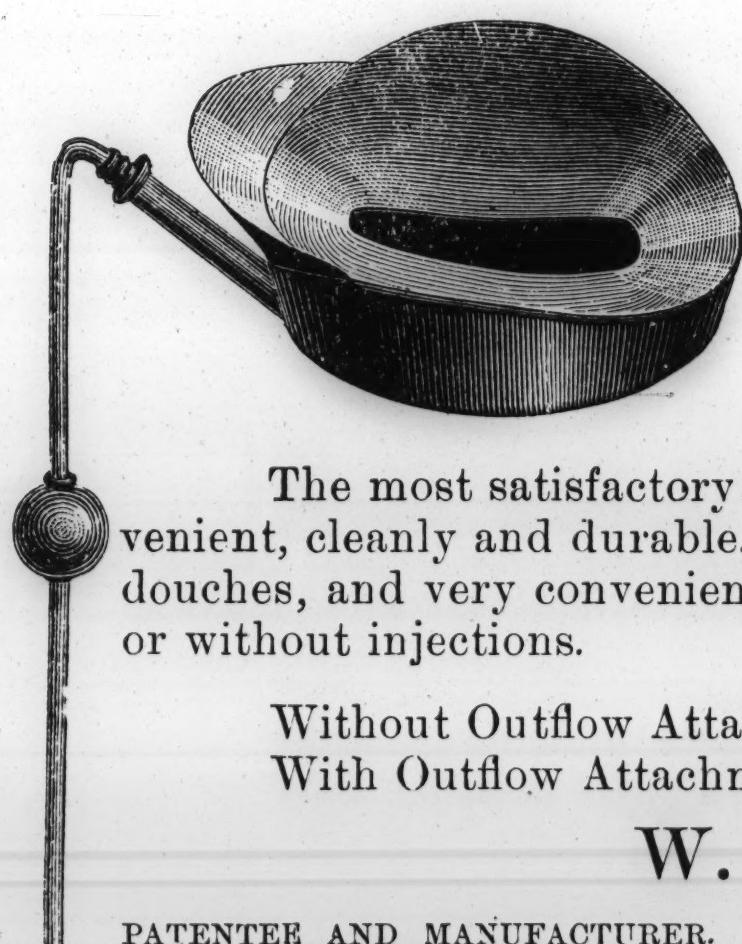
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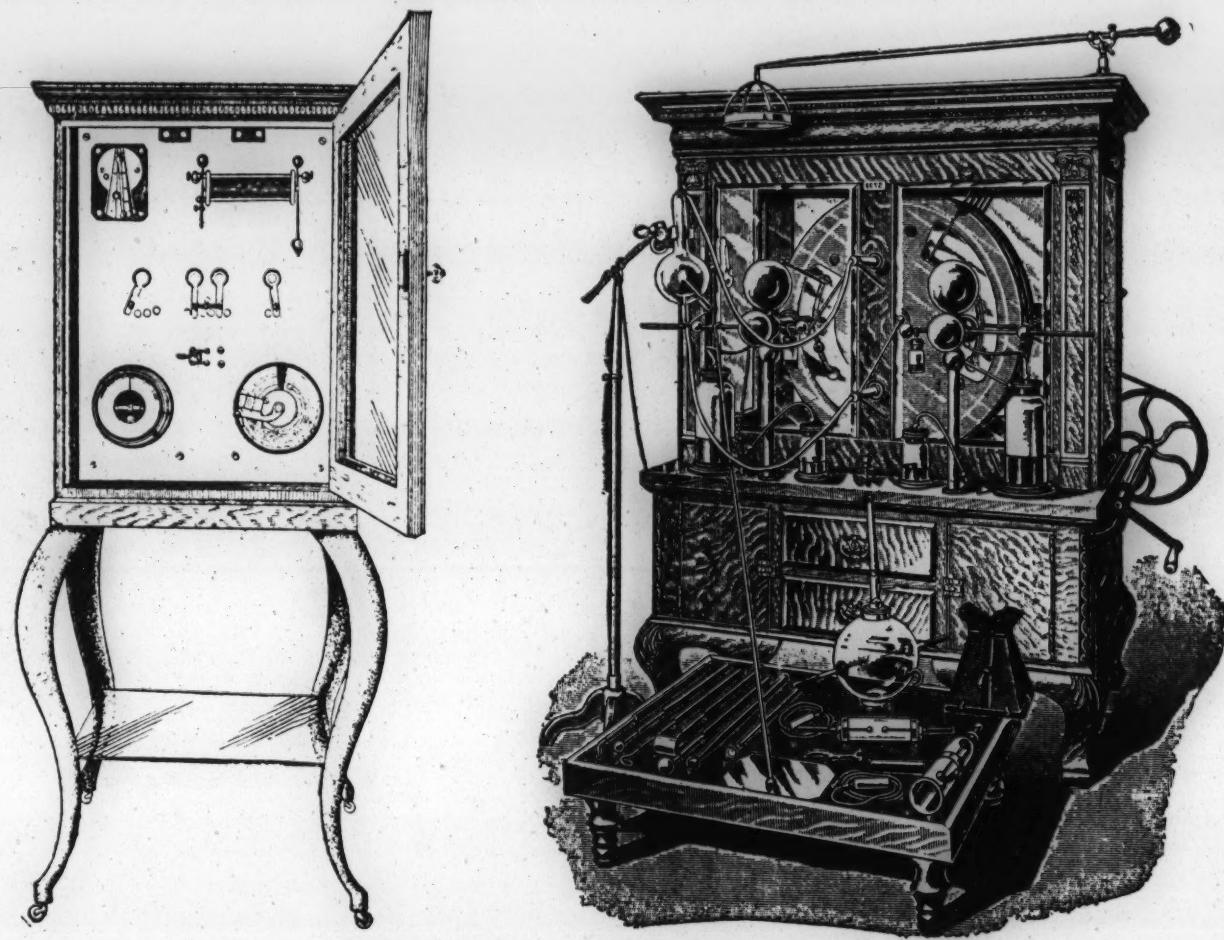
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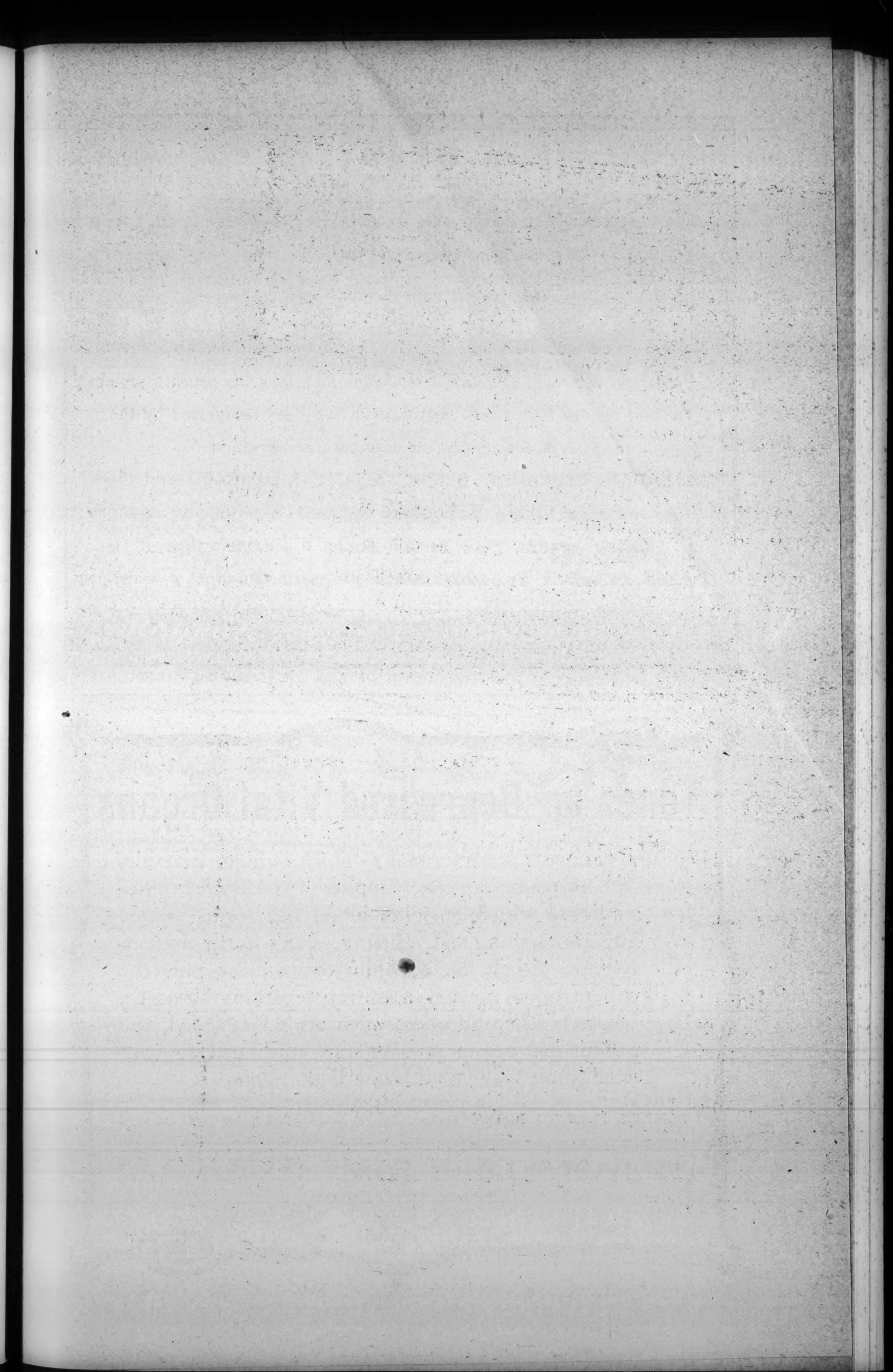
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